



The following formulary decisions and updates apply to **Optum Rx[®] commercial business**.

The Optum Rx Business Committee meets monthly to evaluate tier placements and new prescription products approved by the Food and Drug Administration (FDA). This committee makes decisions based on information and recommendations from the Optum Rx National Pharmacy & Therapeutics Committee, comprised of independent physician providers and pharmacists.

The following are the strategic clinical decisions made in the past month. Your actual plan's copays and/or coinsurance may differ from those indicated depending on the selected plan design, which determines coverage and pharmacy provider(s). Refer to your benefit plan documents to make sure the listed medications are included in your benefit.

Please note:

If your plan includes Specialty Pharmacy (SP), your members may obtain specialty products from Optum Specialty Pharmacy for your plan's designated copay or coinsurance. If your plan does not include SP, your members may purchase self-injectable and oral specialty medications from retail pharmacies, or specialty products may be covered under your medical plan. Specialty program medications may be limited to a 30-day supply depending on plan design. Please consult your plan coverage documents.

Available formularies

Select	Three tier formulary with generic drugs included in Tier 1, preferred brand name drugs included in Tier 2 and non-preferred drugs included in Tier 3. Many Tier 3 drugs have lower-cost options in Tier 1 or 2.
Premium	Three tier formulary with generic drugs included in Tier 1. Some drugs may be excluded from the Premium Formulary due to a strategic evaluation of the market, utilization, quality outcomes and total cost of care.
Premium Value (PVF)	Four-tiered, closed formulary with tiering based on net cost, regardless if the drug is a brand or generic. Drugs are added to PVF after a strategic evaluation of the market, utilization, quality outcomes and total cost of care.

Key **SP:** Specialty Pharmacy **PA:** Prior Authorization **ST:** Step Therapy **QL:** Quantity Limits

FDA approves new medication for chronic weight management

On Nov. 8, 2023, the FDA approved the medication Zepbound (tirzepatide) to treat chronic obesity. Zepbound is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) classified as:

- **obesity** (BMI of 30 kg/m² or greater), or
- **overweight** (BMI of 27 kg/m² or greater)

in the presence of at least one weight-related comorbid condition such as hypertension, dyslipidemia, type 2 diabetes mellitus, obstructive sleep apnea or cardiovascular disease.

Zepbound is available as an injectable single-dose pen in 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, or 15 mg strengths. The active ingredient in Zepbound, tirzepatide, is also approved under the trade name Mounjaro, indicated along with diet and exercise to help improve blood sugar in adults with type 2 diabetes mellitus.

Obesity/overweight is a common, serious, and costly chronic disease of adults and children. This chronic disease state can result in serious health complications, including heart disease, stroke, and diabetes. According to the National Institute of Diabetes and Digestive and Kidney Diseases, approximately 70% of American adults have obesity or are overweight, and many of those that are overweight have a weight-related condition. Obesity management strategies have shown that a sustained weight loss of more than 10% overall bodyweight may improve many of the complications associated with obesity/overweight. Management of obesity requires a long-term, multimodal approach with lifestyle interventions recommended as mainstay therapy.

Zepbound works to reduce obesity by activating both glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) hormone receptors in the intestine. By activating these receptors, Zepbound mimics the digestive hormone GIP and GLP-1, which is released by the intestines when food is consumed. Once the receptors are activated, it stimulates insulin production, which reduces blood glucose levels, suppresses appetite, and promotes the sensation of being full. In clinical trials, Zepbound demonstrated an average weight loss of 12-18%, when compared to patients that received a placebo.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Zepbound for clinical value and safety. Afterwards, Optum Rx will determine its place on the Optum Rx standard formularies.

Down-tiers

Medications may move to a lower tier throughout the year, helping members take immediate advantage of cost savings. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Effective date
Dermatological Agents	Onexton (clindamycin-benzoyl peroxide) topical gel*	Brand	3 > 1	3 > 1	10/25/23
Gastrointestinal Agents	Rebyota (fecal microbiota live-jslm) rectal suspension	Brand	3 (N/C)	EXC > 3	12/01/23
Hormonal Agents	Skytrofa (lonapegsomatropin-tcgd) SC injection	Brand	3 (N/C)	EXC > 3	12/01/23

*Higher priced generic opt out strategy: Premium (Tier 3), Select (Tier 3)

N/C: No change

EXC: Excluded

Up-tiers

Medications typically move to a higher tier on Jan. 1 and July 1 to help reduce member disruption. Brand medications may move to a higher tier at any time when a generic equivalent becomes available. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Please note there are no medication uptiers at this time.

Premium Value Up-tiers/Down-tiers

Medications may move to a lower tier or added to the formulary throughout the year, helping members take immediate advantage of cost savings. Medications typically move to a higher tier on Jan. 1 and July 1 to help reduce member disruption. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Therapeutic use	Medication name	Brand/ Generic	PVF Tier	Effective date
Antidiabetic Agents	Mounjaro (tirzepatide) SC injection	Brand	EXC > 3	11/01/23
Antihypertensive Agents	nebivolol tablet	Generic	EXC > 1	11/01/23

EXC: Excluded

New Brand Launches

New brand name medications launch throughout the year. Final coverage status is determined after medications are thoroughly reviewed by the Optum Rx National Pharmacy & Therapeutics Committee. New brand launches may include Authorized Brand Alternatives.

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Anti-infective Agents	Likmez (metronidazole) oral suspension*	Tier 3	EXC	EXC	---	---	---	---	10/16/23
Antineoplastic Agents	Kepivance (palifermin) IV injection	Tier 3	Tier 3	EXC	X	---	---	---	10/24/23

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Cystic Fibrosis Agents	Kalydeco (ivacaftor) oral granule 5.8mg	Tier 3	Tier 3	Tier 4	X	X	---	---	10/31/23
Dental Agents	Vanish (sodium fluoride) dental liquid	Tier 3	Tier 3	EXC	---	---	---	---	10/23/23
Dermatological Agents	Bimzelx (bimekizumab-bkzx) SC injection*	Tier 3	EXC	EXC	X	---	---	---	10/25/23
Hematological Agents	Altuviio (antihemophilic factor [recombinant] Fc-VWF-XTEN fusion protein-ehtl) IV injection 750 IU	Tier 3	Tier 3	EXC	X	---	---	---	11/21/23
Immunological Agents	Abrilada (adalimumab-afzb) SC injection	Tier 3	EXC	EXC	X	X	---	X	11/14/23
	Cosentyx (secukinumab) IV injection*	Tier 3	EXC	EXC	X	X	---	---	10/11/23
	Entyvio (vedolizumab) SC injection*	Tier 3	EXC	EXC	X	X	---	X	10/05/23
	Omvo (mirikizumab-mrkz) SC injection*	Tier 3	EXC	EXC	X	---	---	---	11/01/23
	Velsipity (etrasimob) tablet*	Tier 3	EXC	EXC	X	---	---	---	10/25/23
Metabolic Agents	Opfolda (miglustat) capsule*	Tier 3	EXC	EXC	X	---	---	---	10/04/23
	Pombiliti (cipaglucosidase alfa-atga) IV infusion*	Tier 3	EXC	EXC	X	---	---	---	10/04/23
Neurological Agents	Motpoly XR (lacosamide) capsule*	Tier 3	EXC	EXC	---	---	X	---	10/04/23
Respiratory Agents	fluticasone aerosol inhaler* (ABA for Flovent Diskus)	Tier 3	EXC	EXC	---	---	---	X	11/01/23
Skeletal Muscle Relaxants	baclofen oral solution 10mg/5mL (ABA for Ozobax DS)	Tier 3	EXC	EXC	---	X	---	---	11/14/23

*Medication product added to the Focused UM Program.

*Medications or products added to the New Drugs to Market exclusion list can remain excluded for up to six months. Updates for these products will be listed in the **New Benefit Coverage for Medications Removed from the New Drugs to Market Exclusion List** section below.

Authorized Brand Alternatives (ABA), also referred to as Authorized Generics, are approved brand name medications marketed by either the brand company or another company. Although it does not have the brand name on its label, it is the exact same drug product as the brand product.

EXC: Excluded

New Generic Launches

New generic medication launches occur throughout the year. Generic medications will be placed in Tier 1 on the Select and Premium Formularies. Brand medications may move to a higher tier at any time when a generic equivalent becomes available.

Therapeutic use	Generic medication name	Brand medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
ADHD Agents	amphetamine-dextroamphetamine ER capsule	Mydayis	Tier 1	Tier 1	EXC	---	---	---	X	10/10/23
Antilipemic Agents	pitavastatin tablet	Livalo	Tier 1	Tier 1	EXC	---	---	---	---	11/21/23
Antineoplastic Agents	pazopanib tablet	Votrient	Tier 1	Tier 1	Tier 4	X	X	---	---	10/19/23
Cardiovascular Agents	spironolactone oral suspension	Carospir	Tier 1	Tier 1	EXC	---	---	---	---	10/27/23
Dermatological Agents	clindamycin-benzoyl peroxide topical gel 1.2-3.75%*	Onexton	Tier 3	EXC	EXC	---	X	---	---	10/25/23

*Higher priced generic opt out strategy: Premium (Tier 1), Select (Tier 1)

New Benefit Coverage for Medications Removed from the New Drugs to Market Exclusion List

New Drugs to Market updates apply to all plans that have this exclusion list in place. New drugs can be maintained on this list for up to six months. Medications that are removed from this exclusion list have new benefit coverage as shown below.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Antimigraine Agents	Zavzpret (zavegepant) nasal spray	Brand	Tier 3	Tier 3	EXC	---	X	---	X	11/27/23
Hormonal Agents	Ngenla (somatrogon-ghla) SC injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	12/01/23
Immunological Agents	Rystiggo (rozanolixizumab-noli) SC injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	12/31/23
	Vyvgart Hytrulo (efgartigimod alfhyluronidase-qvfc) SC injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	12/31/23

Specialty Updates

Specialty medication updates include existing medications being added to or removed from the Specialty Pharmacy Program.

Please note there are no specialty medication updates at this time.

PA Prior Authorization

Prior Authorization requires physicians to provide additional clinical information to verify member benefit coverage. This table only shows Prior Authorizations that have been added or removed. Existing utilization management such as Step Therapy and Quantity Limits may still apply.

Therapeutic use	Medication name	Add/Remove	Effective date
Angioedema Agents	Veopoz (pozelimab-bbfg) SC injection	Add	11/01/23
Anti-infective Agents	Nitrofurantoin (nitrofurantoin) oral suspension	Add	11/01/23
Antineoplastic Agents	Elrexio (elranatamab-bcmm) SC injection	Add	11/01/23
	Talvey (talquetamab-tgvs) SC injection	Add	11/01/23
Neuromuscular Agents	Daxxify (daxibotulinumtoxinA-lanm) IM injection	Add	11/01/23
Ophthalmic Agents	Izervay (avacincaptad pegol) intravitreal injection	Add	11/01/23

ST Step Therapy

Step Therapy directs members to try a lower-cost alternative (Step 1) before a higher-cost medication (Step 2) may be eligible for coverage. This table only shows Step Therapy that have been added or removed. Existing utilization management such as Prior Authorizations and Quantity Limits may still apply.

Therapeutic use	Medication name	Add/Remove	Effective date
Dermatological Agents	clindamycin-benzoyl peroxide topical gel 1.2-3.75%	Add	10/25/23
Respiratory Agents	Airsupra (albuterol-budesonide) aerosol inhaler	Add	11/01/23

QL Quantity limits

Quantity limits establish the maximum quantity of a drug that is covered within a specified timeframe. This table only shows Quantity Limits that have been added or removed. Existing utilization management such as Prior Authorizations and Step Therapy may still apply.

Therapeutic use	Medication name	Add/Remove	Effective date
Respiratory Agents	Airsupra (albuterol-budesonide) aerosol inhaler	Add	11/01/23



If you would like additional information that is not listed, please contact your Optum Rx representative.

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